

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/09/03.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 95851, 97032, 97113, 97122, 97250, 97265, 99213, 97545-WC, 97546-WC and 97750-FC.

## **II. RATIONALE**

- CPT code 95851 for dates of service 05/28/02, 01/06/03 and 01/22/03. The respondent denied the service as “F-Disallowed; our records indicate this service/procedure is included in another service procedure”. The summary of Carrier’s Position states, “All three charges for CPT code 95851 have been reduced because range of motion testing is both a global fee and an unnecessary procedure. The EOB’s from 5/28/02, 1/6/03, and 1/22/03 all include office visits and it is improper to un-bundle the charges, especially for testing with questionable clinical necessity”. Range of motion testing is included in the re-evaluation performed by a physical or occupational therapist and shall not be reimbursed separately per MFG Medicine Ground Rule I (A)(8). The service in dispute was performed by a Chiropractor, therefore is entitled to separate reimbursement. Reimbursement in the amount of \$114.00 (\$36.00 x 3 dates of service) is recommended.
- CPT code 97032 for dates of service 05/31/02, 12/10/02, 12/11/02, 12/12/02, 12/16/02, 12/17/02, 12/23/02 and 12/24/02. The respondent denied the service as “F-Disallow more than 4 pt codes or more than 2 hrs of timed codes per day”. S.O.A.P. notes for these dates of service show that the physical medicine session did exceed 4 procedures or 2 hours per MFG Medicine Ground Rule I (A)(10)(a). Reimbursement is not recommended.
- CPT code 97113 for date of service 06/24/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for date of service 06/24/02 supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$156.00 (\$52.00 x 3 units) is recommended.
- CPT code 97122 for date of service 06/24/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for date of service 06/24/02 supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$35.00 is recommended.

- CPT code 97250 for date of service 06/24/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for date of service 06/24/02 supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$43.00 is recommended.
- CPT code CPT code 97265 for date of service 06/24/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for date of service 06/24/02 supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$43.00 is recommended.
- CPT code 99213 for date of service 06/24/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for date of service 06/24/02 supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$48.00 is recommended.
- CPT code 97113 for date of service 08/05/02. The respondent denied the service, as “Physical/occupational therapy beyond 8 weeks of treatment must be preauthorized in accordance with TWCC Rule 134.600”. Effective 01/01/02 Rule 134.600 no longer required preauthorization for physical therapy. Reimbursement in the amount of \$156.00 (\$52.00 x 3 units) is recommended.
- CPT code 97122 for date of service 08/05/02. The respondent denied the service, as “Physical/occupational therapy beyond 8 weeks of treatment must be preauthorized in accordance with TWCC Rule 134.600”. Effective 01/01/02 Rule 134.600 no longer required preauthorization for physical therapy. Reimbursement in the amount of \$35.00 is recommended.
- CPT code 97250 for date of service 08/05/02. The respondent denied the service, as “Physical/occupational therapy beyond 8 weeks of treatment must be preauthorized in accordance with TWCC Rule 134.600”. Effective 01/01/02 Rule 134.600 no longer required preauthorization for physical therapy. Reimbursement in the amount of \$43.00 is recommended.
- CPT code 97265 for date of service 08/05/02. The respondent denied the service, as “Physical/occupational therapy beyond 8 weeks of treatment must be preauthorized in accordance with TWCC Rule 134.600”. Effective 01/01/02 Rule 134.600 no longer required preauthorization for physical therapy. Reimbursement in the amount of \$43.00 is recommended.

- CPT code 97545-WC for dates of service 09/06/02 and 09/09/02. EOB's were not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for these dates of service supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$144.00 (\$36.00 x 4 hours) is recommended.
- CPT code 97546-WC for dates of service 09/06/02 and 09/09/02. EOB's were not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for these dates of service supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$324.00 (\$36.00 x 9 hours) is recommended.
- CPT code 97750-FC for date of service 09/09/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. note for these dates of service supports delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$200.00 (\$100.00 x 2 hours) is recommended.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$1,384.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,384.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 27<sup>th</sup> day of February 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

LLC/lc